DOMESTIC SUMMARY.

Cerebro-spinal Meningitis as observed at Mobile, Ala.—Dr. W. G. Armstrong describes (*Atlanta Med. and Surg. Journ.*, June, 1866) this disease as observed by him during the winters of 1863-4 and 1864-5 at Mobile, Al.

He states that "in the midst of good health, after taking a hearty meal, or after a full day's work, the patient, without any premonitory symptoms, is suddenly attacked with coma, or stupor, so profound that he is with difficulty aroused even for a moment.

"In other cases vertigo, pain in the head and cervical region, extending along the spine, with lassitude and apprehension of impending danger are observed. Then again, chilly sensations at intervals of two or three hours, with cold extremities, followed by exacerbations of heat, flushed face and increased pulse, mark the approach of the disorder. Lastly, delirium, more or less wild, with a disposition, forcibly, to leave the bed or room, is in the outset a prominent symptom. * * * The condition of the pulse was variable; usually ranging from ninety to one hundred, hardly reaching one hundred and ten, unless just before the termination in death; on the other hand, it occasionally sank to forty or fifty beats per minute. Vomiting of bile and constipation are usually, in the beginning, prominent symptoms; the tongue is furred, and as the disorder advances, the teeth become covered with sordes.

"The urine is highly colored, scanty and often retained; at other times, especially towards the close, it is passed involuntarily. Intolerance of light and sound, when present, appears at the early part of the attack—the least ray of light being sufficient to cause spasmodic closure of the eyes and intense suffering; walking across the floor is excessively annoying to the sufferer; deafness and a general indifference to surrounding objects is occasionally noticed.

"The most prominent and almost universal symptoms are pain in the head and neck, accompanied by a tetanic rigidity of the cervical muscles, and of the large extensor muscles of the back. This trouble, slight at first, increases until the head is drawn back upon the shoulders, and no ordinary degree of force used by the attendant can overcome it. The muscles of the back and lower extremities are occasionally so much involved as to produce complete opisthotonos. In connection with this condition, paralysis of the muscles of the face is sometimes present, as exhibited in depression of the lower jaw and protrusion of the cheeks and lips in expiration. Involuntary twitchings of the muscles and want of prehension often exist also—the patient being unable to drink without assistance. Strabismus in one or both eyes was met with in several cases. The appearance of the pupils is not always the same, in the majority of cases being dilated; sometimes one is contracted and the other dilated, and I have occasionally seen both contracted. Delirium may be present at any period of cerebro-spinal meningitis, though most common in the latter stages before coma sets in, and is then of a low, muttering character.

"When coma comes on, which is usually about the fourth or fifth day, the pupils become widely dilated, the pulse more full, but is never, so far as my observation extends, of a bounding character, as in coma from apoplexy. Involuntary discharges from the bowels and bladder are now of most frequent occurrence. Stertorous breathing is rarely present, and until the coma is profound, the patient is continually tossing himself from side to side in bed, and carrying his hands to his head as though in great pain.

"Another very common symptom is hyperæsthesia of the whole nervous system; pressure upon the extremities, slight moving of the feet or bending the toes, causes the patient to cry out from pain. This exaltation of sensibility does not often appear at first, but towards the latter part of the attack. While vertigo, pain in the head, chilly sensations, intolerance of light and sound, deafness, stupor, exalted sensibility of the nervous system, delirium and coma were the usual symptoms by which this epidemic was characterized, yet there were a few cases of an intermittent type, accompanied by high fever with pain

in the head. Under the use of quinia these symptoms would yield for a few days and convalescence seemed to be established. A recurrence of these symptoms would take place two or three times, when those more violent, as extreme pain in the head and neck, rigidity of the muscles, &c., would supervene, and declare unmistakably the formidable nature of the disease.

"The duration of this affection is variable; it may destroy life in twenty-four or forty-eight hours, but from five to eight days is the usual time. During the winter of 1863-4, it proved fatal sooner than in the following—a few of the last cases seen having lived from ten to fifteen days."

Four cases are related of the disease with the *post-mortem* appearances. In all the cases deposits of lymph, of greater or less extent, were found on the brain and spinal cord; effusion of serum, in the arachnoid space with also some pus. In one case the anterior two-thirds of the cerebrum superiorly, was covered with an adventitious deposit of lymph, of a greenish-yellow color, forming adhesions between the arachnoid and pia mater, and following the latter as it dips down into the convolutions of the brain. The under surface of the anterior lobes, optic commissure, crura cerebri and pons Varolii are the seat of exudation also. Some pus is found at the medulla oblongata. This exudation was from one to two lines in thickness. The lateral ventricles are distended with effusion, which being drawn off, pus is found at the bottom. The choroid plexus is injected. The brain shows, on section, no indurations or softening, but appears healthy. In another case there was a deposit of lymph between the pia mater and arachnoid, on the anterior surface of the cerebrum superiorly, extensively upon and around the optic commissure, over the entire cerebellum, crura cerebri, pons Varolii, medulla oblongata, and spinal cord, throughout its whole extent to the cauda equina. The nerves arising from the cord on both sides were enveloped with this deposit also. At several points along the cord it had degenerated into pus.

Dr. A. states that, in his very extensive observations of the disease among the soldiers and negro labourers in and around Mobile, he never saw a single case recover.

Successful Operation for Subclavian Aneurism.—The first No. of the *New Orleans Medical Record*, edited by the well-known indefatigable Dr. Bennet Dowler, contains an interesting account, by Dr. A. W. SMYTH, of a case of a mulatto man, thirty-two years of age, admitted into the Charity Hospital, New Orleans, May 9, 1864, with aneurism of the right subclavian artery. The tumour was of the size of a small orange, "was circumscribed and round in shape, filling up the posterior inferior triangle of the neck; strong pulsatory movement was visible even at some distance, and on applying the ear to its surface, a loud bellows sound was heard accompanying the arterial beat. No difference was detected in the pulsation of the two radial arteries at the wrist, and there was nothing abnormal in the sounds of the heart.

"He complained a good deal of severe pain and numbness in the forearm and hand; for the past two months he had been unable to lie down or stand erect, but was compelled to lean forwards continually for relief, and to sleep sitting in a chair with his head resting on the side of the bed or on another chair placed opposite."

The patient was seen by a number of surgeons, and among others Dr. D. L. Rogers, of New York, who strongly urged the ligature of the innominate and carotid arteries at the same time. Dr. Smyth approved of this suggestion, and decided to adopt it. Accordingly on the 15th May, Dr. S. operated, assisted by Drs. Rogers, Holliday, Boyer, Bacon, and Orten.

"A longitudinal and transverse incision having been made after the method of Mott, no difficulty was experienced in placing a ligature on the innominate artery a quarter of an inch below its bifurcation, and another on the carotid, an inch above its origin. On tying the former all pulsation stopped in the tumour. The temperature of the arm and hand was immediately increased, and in about forty-eight hours after the operation a perceptible undulatory motion was discovered in the arteries of the wrist. But little diminution was yet apparent in